

HEALTH ACTION

Priorities for Monroe County

Fall, 2007

Maternal-Child Health Priority: Increase Physical Activity and Improve Nutrition

Greater Rochester Health Foundation Releases Strategy to Reduce Childhood Obesity

In June, 2007 the Greater Rochester Health Foundation (GRHF) released a strategy for reducing obesity for Monroe County children, ages 2-10. A full report will be available in October at the GRHF website (www.thegrhf.org).

GRHF was established in 2006 with the mission to improve the health status of all residents of the Greater Rochester community, including people whose unique healthcare needs have not been met because of race, ethnicity or income. Currently, GRHF has an endowment of approximately \$200 million. The foundation has three general areas of focus for its funding: prevention, health status improvement and health system improvement.

As one of its first tasks, GRHF convened a task force to develop a plan to reduce the prevalence of childhood obesity from 15% to 5% by 2017. The plan identifies four venues in which activities need to occur to reduce obesity: medical care sites, childcare, schools, and community settings.

The plan identifies four main strategies:

- Increase physical activity
- Improve nutrition
- Develop and implement a communications plan
- Increase education and awareness among key decision makers to enable needed policy changes to occur

In the summer of 2007, GRHF released a series of Requests for Proposals to fund organizations to implement the various prevention activities identified in the plan.

Maternal-Child Health Priority: Improve Social and Emotional Well-Being and Reduce Child Abuse

“Sing, Talk, Play” Media Campaign Teaches Parents and Care-givers about Early Brain Development

In early 2005, the “Sing, Talk, Play” campaign began to air in the Rochester media market. The campaign was designed to encourage parents and care-givers to stimulate infant social and emotional development by engaging in appropriate activities with their infants. The campaign was lead by the Early Childhood Development Initiative (ECDI), a collaborative of 22 organizations that seeks to expand and improve developmentally appropriate early childhood services so that every child in Rochester and Monroe County has the foundation to succeed in school and in life.

With the assistance of the Ad Council of Rochester, the Verdi Group designed the “Sing, Talk, Play” campaign. Three television commercials were produced by WHEC Channel 10 and ran in multiple flights in the Rochester media market. A brochure was developed (in both English and Spanish) and distributed through the ECDI partner agencies. The brochure was also included in the birth registration packet sent out by

the Monroe County Department of Public Health. An innovative public relations strategy and comprehensive media plan helped to make this one of the most recognizable Ad Council campaigns.

The television commercials and the brochure direct parents to call **292-BABY**, a telephone resource line for parents that provides parenting information and child development resources. 292-BABY is administered by Monroe Community College and is supported by a collaboration of many agencies.

ECDI contracted with BRX Global Research Services to perform an evaluation to measure the effectiveness of the project with the target audience. BRX Global surveyed licensed day care providers and parents of children under age 3 that were receiving public assistance. Overall, the research indicated that the project was highly successful in attracting the attention of the members of the target audience and in reinforcing appropriate attitudes about child development.

More information about the campaign is available at:
http://www.adcouncilroch.org/successStories/a_children.asp

More information about ECDI is available at:
<http://www.racf.org/images/ecdiFactSheet031.pdf>.

Maternal-Child Health Priority: Improve Social and Emotional Well-Being and Reduce Child Abuse

Nurse Family Partnership Program Launched in Monroe County

In August 2006, the Monroe County Department of Public Health launched Nurse Family Partnership (NFP) Program in Rochester. NFP is an evidence-based intervention that is the product of a sequence of studies performed by Dr. David Olds and Dr. Harriet Kitzman. These two researchers started their public health careers at the University of Rochester in the 1970s. NFP was designed to improve health and developmental outcomes for first-time mothers and their babies.

Funding for the program comes from the United Way of Greater Rochester and from the Children's Agenda. The Monroe County Department of Human Services was able to leverage additional funding through the New York State Community Optional Preventive Service (COPS) program to support the Rochester NFP. By the end of 2007, the Rochester NFP will be staffed by 8 nurses who will serve 200 families. It is projected that there will be 12 nurses providing visits to 300 families by the end of 2008.

Drs. Olds and Kitzman originally tested the impact of nurse home visitors with first time mothers in Elmira, NY. Since then, the original rural program has been expanded and adapted for poor urban populations. It has been rigorously tested through a series of randomized controlled trials in the cities of Memphis and Denver. The research concluded that NFP mothers are less likely to abuse or neglect their children, have subsequent unintended pregnancies, or misuse alcohol or drugs. They are more likely to transition off welfare and successfully maintain stable employment.

In 1998, The Rand Corporation estimated that the **cost-savings to society and government over the child's lifetime are at least four times greater than the cost of the program itself**, and these savings begin to accumulate sooner than in other early childhood programs.

NFP can be reached @ 753-5437.



Adolescent Health Priorities: Improve Nutrition/Increase Physical Activity and Build Youth Assets to Promote a Healthy Lifestyle

Obesity Prevention and Building Youth Assets are Designated by Board of Health as Adolescent Health Priorities

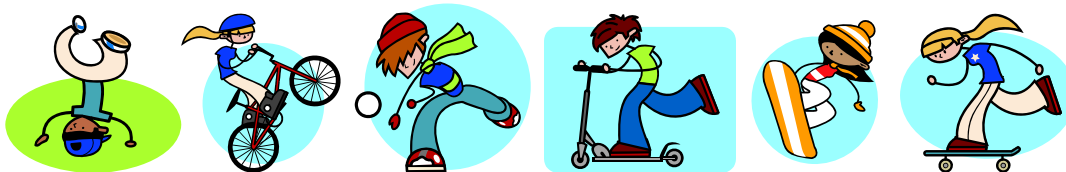
At the 2007 Annual Meeting of the Monroe County Board of Health, Dr. Andrew Doniger reported: "We have seen tremendous improvements in adolescent smoking and teen pregnancy, but many other adolescent health problems are stable or getting worse. As a healthcare community, we should celebrate these results and challenge ourselves to address emerging problems."

- Trend in Youth Smoking: Since 1997, the prevalence of youth reporting that they smoked a cigarette in the last month declined from 37% to 20%.
- Trend in Teen Pregnancy: Between 1994 and 2005, the pregnancy rate of 15-17 year old teens in the City of Rochester* declined from about 100 to 70 pregnancies per 1,000 teens.

In 2007, **HEALTH ACTION** reviewed the designated Priorities for Action for adolescent health. Public Health staff conducted 22 forums with professionals who work with adolescents, parents of adolescents, and youth. A total of 280 forum participants provided feedback on which adolescent health goals should be Priorities for Action. Based on feedback from these forums, the Board of Health adopted the following goals as priorities:

- Improve Nutrition and Increase Physical Activity (Obesity Prevention)
- Build Youth Assets to Promote a Healthy Lifestyle

The Board of Health was confident that measurable improvement in health status could occur if the community focused substantial efforts in these two areas.



* City defined by zip code. Some zip codes overlap into the suburbs.

Adult and Older Adult Health Update

Racial and Ethnic Adult Disparities in Immunization Initiative (READII)

The Racial and Ethnic Adult Disparities in Immunization Initiative, or READII, is a community program, initially funded by the CDC and implemented in Rochester NY, to reduce racial disparities in older adult immunization rates. READII consisted of a primary care practice intervention (PCPI) and a coordinated community action plan to address annual influenza vaccination and Pneumococcal Polysaccharide Vaccines (PPV) for adults aged > 65 years.

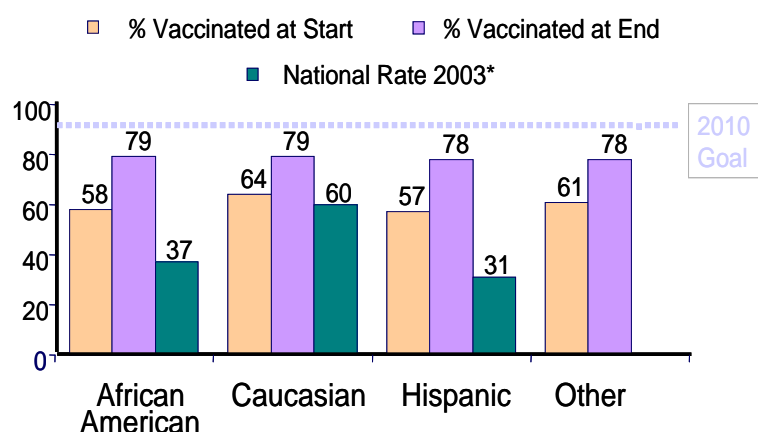
READII was planned and implemented by a community-academic partnership which included: neighborhood health centers and hospital clinics that serve minority patients, the MCDPH and URM, community-based organizations, immunization service providers, insurers, and professional organizations. The READII Rochester Community Advisory Board was formed in 2002 for the purpose of improving systematic delivery of vaccines in primary care and providing effective public education on the importance of adult vaccines.

READII Primary Care Practice Intervention

Four outreach workers and a senior social worker were hired to conduct the intervention in 8 neighborhood health centers and primary care offices.

The primary intervention was patient tracking, recall, provider reminder, and outreach (TRRO). This intervention, known to be effective for childhood immunizations, had not been well studied in adults. To determine the effectiveness of TRRO as an adult vaccine strategy, the first year of the project (2003) was devoted to a randomized controlled trial of the strategy applied to both pneumococcal and influenza vaccines. Results showed intervention patients were five times more likely than controls to get PPV, and three times more likely to get flu vaccine. When all patients got TRRO in 2004, PPV rates were 79% for both African Americans and Whites.

READII PCPI results: Change in percent of patients vaccinated with PPV by race and ethnicity, 2004



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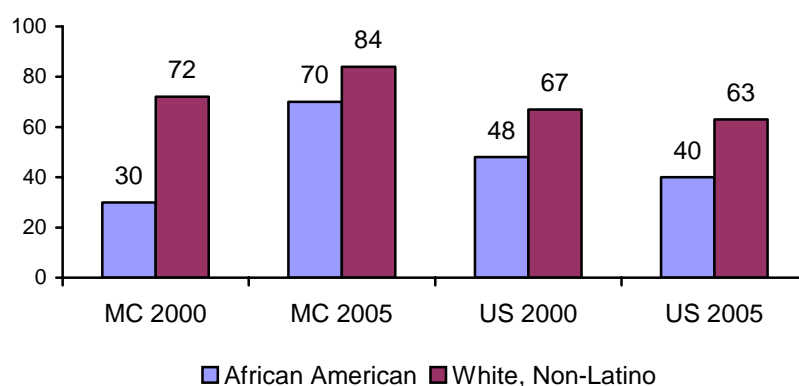
READII Community Action Plan

- The Communications approach stressed public education to increase awareness of the need for adult vaccines and of the existence of serious racial and ethnic disparities. Key elements included development of low literacy vaccine information, and clear directions on how and where to obtain vaccines, especially during influenza vaccine season.
- Community based organizations provided community outreach and education to their own constituents.
- The Monroe County Immunization Coalition expanded public flu clinics in the READII target neighborhoods by more than 20%, adding clinics churches, senior housing and the public market.
- Special projects targeted churches and senior housing for awareness raising, education and immunization efforts.

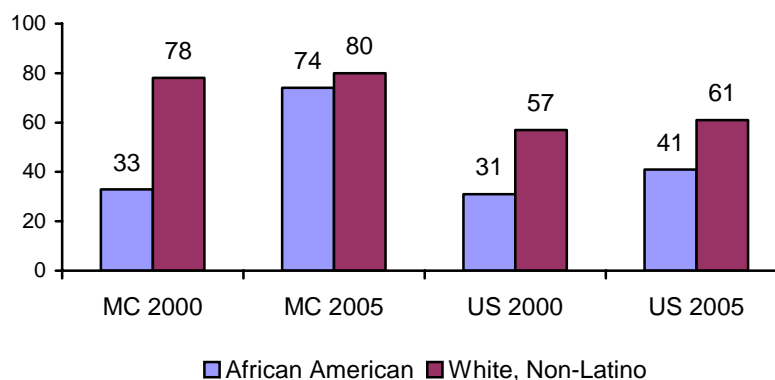
Proof of success of READII

The final measures of the success of the initial implementation of READII were immunization rates from the Monroe County Adult Health Survey, a random digit dial health assessment based on the Behavioral Risk Factor Surveillance System. **The combination of a practice based intervention with a broad community strategy resulted in significant increases in immunization rates and decreases in disparities in adult immunization rates.** READII Rochester is currently evaluating TRRO in adults aged 50-64 years, especially those with high risk conditions. Preliminary results indicate the intervention is successful for younger adults.

**Monroe County Influenza Vaccination Rates
Adults Aged ≥ 65 Years**



**Monroe County Pneumococcal Vaccination
Rates, Adults ≥ 65 Years**



Adult and Older Adult Health Update

2006 Monroe County Adult Health Study Shows Many Improvements but Large Increases in Diabetes and Obesity

In the summer of 2006, the Monroe County Department of Public Health conducted the third survey of health risks and behaviors of adults. The Adult Health Survey (AHS) is a countywide random digit dial telephone survey completed by 2,545 Monroe County adults aged 18 and older. Many of the questions in the survey were from the CDC's Behavioral Risk Factor Surveillance System (BRFSS), which is administered in all 50 states annually.

The health department received technical assistance in the analysis of the survey from faculty and staff at the Department of Community and Preventive Medicine at the University of Rochester Medical Center (URMC). Financial support for the survey was provided from the URMC's Center for Community Health, URMC's National Center for Deaf Health Research, the Rochester Area Community Foundation, Unity Health System, and ViaHealth.

This article summarizes trends in health risk behaviors and health status indicators between the 2000 AHS and the 2006 AHS, highlights areas in which Monroe County is better or worse than New York State and notes disparities between sub-populations within the county.

Between 2000 and 2006, there were significant improvements in a number of reported health behaviors, including:

- A reduction in cigarette smoking
- An increase in past month leisure-time physical activity
- An increase in the consumption of fruits and vegetables, and a decrease in fatty food consumption
- An increase in the proportion of adults who reported they received preventive counseling from their doctor related to mental health, sexual health, alcohol/drug use, eating habits and physical activity
- An increase in colon cancer screening among adults ages 50 and older
- An increase in influenza vaccination among older adults (age 65 and older)
- The elimination of the disparity between African Americans and Whites in older adult immunizations

Between 2000 and 2006, there were several areas in which health status indicators among Monroe County residents worsened. The percentage of adults who reported they were ever diagnosed with diabetes doubled from 5 to 10%.

There were significant increases in the rates of obesity and high blood pressure, along with increases in the proportion of adults reporting fair/poor health status. Self-reported mammography rates declined from 94% to 90%.

Compared to New York State residents, Monroe County residents were more likely to have ever been told they have diabetes or high blood pressure compared to New York State residents.

A higher percentage of Monroe County residents reported they have health insurance, and that they get the recommended screenings for cancer compared to NYS residents. Older adults in Monroe County are also more likely to receive influenza and pneumococcal vaccinations.

In the 2006 AHS, there were significant disparities between subpopulations for certain health indicators. African Americans were more likely than Whites to report they were ever told that they had diabetes and were ever told they had high blood pressure. African Americans and Latinos were more likely than Whites and non-Latinos to be in the obese weight category.

African Americans, Latinos, and city residents were more likely than Whites, non-Latinos and suburban residents to report that they:

- lack health insurance coverage
- have poor or fair health status
- experience frequent mental distress¹
- did not engage in leisure time physical activity in the past month
- have a lower intake of fruits and vegetables and a higher intake of fatty foods
- smoke cigarettes

Results from this survey will be used by **HEALTH ACTION** to select adult and older adult health priorities for action. The full report is available at <http://www.monroecounty.gov/health-healthdata.php>



¹ Experience stress, depression, and/or problems with emotions on 14 or more of the past 30 days

URMC Center for Community Health Convenes Health Association's Collaborative on Adult Health Prevention

Readers of this newsletter are familiar with the many health disparities between White and African American communities. Addressing these disparities requires effective education, outreach, and prevention efforts working with the African American community. Since 2005, a diverse group of health promotion organizations have been working together to improve and coordinate these efforts.

The Health Association's Collaborative includes over 24 organizations that share a common goal of providing health information to underserved communities. Most members are small organizations that focus on a single health concern such as cancer, asthma, or diabetes. Before the Health Association's Collaborative came together, each of these groups was working in isolation, trying to reach out to institutions in the African American community, especially churches.

As a result of coming together, this association has found many benefits in working together to accomplish mutual goals. Many of the factors and behaviors that put people at health risk are common across disease groups. For example, unhealthy eating and lack of exercise increase risks for a long list of health problems, including diabetes, heart disease, poor birth outcomes, some

types of cancer, and others. The organizations in the Health Associations Collaborative meet monthly to strategize common approaches to spreading health promotion messages and behaviors.

In March, 2006 the group sponsored a breakfast for African American church leaders, called "The Balm in Gilead: Preparing the Ground for a Strong Health Ministry." Participants discussed factors that would help them to develop and sustain an ongoing health program. They also gave feedback on most helpful ways to receive health related services and information.

Since that meeting, the Health Association's Collaborative has developed a comprehensive contact list of African American churches, and has begun to produce and distribute a monthly health promotion calendar. The calendar features one or two health tips each month, and publicizes health promotion talks, classes, or events that are happening each month. All member organizations are invited to contribute items to the calendar. The calendar is distributed in electronic and hard copy format so that it can be easily used:

- as a posting on bulletin boards
- as an insert in the church bulletin
- as a source for announcements at services

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The Health Association's Collaborative has also provided fertile ground for sharing of information, coordinating events (such as health fairs), and publicizing health promotion events. A Speakers Bureau has been developed to facilitate coordination. The group is also interested in branching out to improve health promotion with institutions in the Latino community.

The Collaborative is staffed by the University of Rochester's Center for Community Health, and co-chaired by Delores Banks (Center for Community Health) and Wade Norwood (Finger Lakes Health Systems Agency).

Organizations interested in joining the Health Association's Collaborative should contact Kathy Lewis at the Center for Community Health: 276-3029 or katherine_lewis@urmc.rochester.edu



Environmental Health Priority: Reduce Hazards in the Home

One Year Anniversary for City of Rochester Lead Ordinance

In July 2006, the City of Rochester's "Lead-Based Paint Poisoning Prevention" law (Municipal Code of the City of Rochester Ordinance 2006-37) went into effect. The law provides a framework for the primary prevention of lead poisoning of children. Rochester's ordinance is being carefully watched by other cities nationwide.

The Center for Governmental Research (CGR) has teamed up with the National Center for Healthy Housing (NCHH) and the University of Rochester's Environmental Health Science Center (EHSC), to evaluate this ordinance as it is a breakthrough in legislative approaches to dealing with a significant health and housing problem in the nation's oldest cities.

An evaluation of this ordinance will ensure that:

- City Council is well informed of its impact and can make any necessary changes
- the number of children with lead poisoning is monitored (in anticipation that it will continue to drop)
- any consequences for the city housing stock and property owners are identified.

The evaluation's findings could be used to alter or strengthen the ordinance in future years.

The research team includes CGR, NCHH, EHSC, the City of Rochester and the Monroe County Department of Public Health. The team proposes to analyze the City's inspection data over the first two years of the ordinance implementation, to track the number of children with elevated blood levels, and to conduct a survey of property owners affected by the ordinance.

A year one report (7/1/06-6/30/07) from the City of Rochester showed that a total of 16,449 units had been inspected; 8,264 of those through Certificate of Occupancy inspections, 5,537 through the Quality Housing Program, 1,481 based on complaints and 1167 listed as other.

Children with lead poisoning face decreased IQ levels and a higher likelihood of learning disabilities, behavioral problems, juvenile delinquency and dropping out of high school. These outcomes translate into higher costs for special education, health care, and juvenile justice systems, as well as lost wage-earning potential.

HEALTH ACTION STEERING COMMITTEE

African-American Health Providers of Greater Rochester

Excellus Blue Cross/Blue Shield

Finger Lakes Health Systems Agency

Greater Rochester Health Foundation

Ibero-American Action League

Monroe County Medical Society

Rochester Business Alliance

Preferred Care

Unity Health System

University of Rochester Medical Center

ViaHealth

Summary of Priorities for Action:

Maternal//Child Health

- Improve Nutrition and Increase Physical Activity
- Improve Social and Emotional Well-being and Reduce Child Abuse

Adolescent Health

- Improve Nutrition and Increase Physical Activity
- Build Youth Assets to Promote a Healthy Lifestyle

Adult Health

- Promote Healthy Behaviors that Reduce the Risk of Chronic Disease
- Promote the Use of Preventive Health Services

Older Adult Health

- Promote the Use of Preventive Health Services
- Promote Behaviors That Prevent or Delay Complications and Disability from Chronic Disease

Environmental Health

- Improve Water Quality
- Reduce Industrial Pollution
- Reduce Pollution from Small Businesses
- Reduce Hazards in the Home

www.HealthAction.Org